

Centers of Occupational Health & Education (COHE) Program Report

July 2015

Research and Data Services, Information for Informed Decisions



Executive Summary

- ❑ For the July 2015 Report, 2014Q4 & 2015Q1 Resolution Data at 6 months and 2013Q4 & 2014Q1 resolution data at 18 months (pages 2-3) are not available. They will be posted on the next report.
- ❑ **Claims treated by COHE providers resolve faster than other claims:**
 - Faster resolution may be due to COHE best practices preventing some medical-only claims from becoming time-loss. (Wickizer, et al., 2007.)
 - The difference in claim resolution rates is most pronounced when looking at all claims. The average resolution rate of COHE claims at 6 months is notably higher than non-COHE claims.
 - When looking at time-loss claims, treatment by COHE providers still shows benefit, especially in terms of early resolution, but the difference is less prominent.
 - The time-loss days paid measure further reinforces faster COHE claim resolution.
- ❑ **The majority of COHE providers are high & medium adopters of COHE Best Practices (BP):** Currently 69% of COHE providers are high and medium adopters. COHEs are striving to improve the adoption rate to 80%.

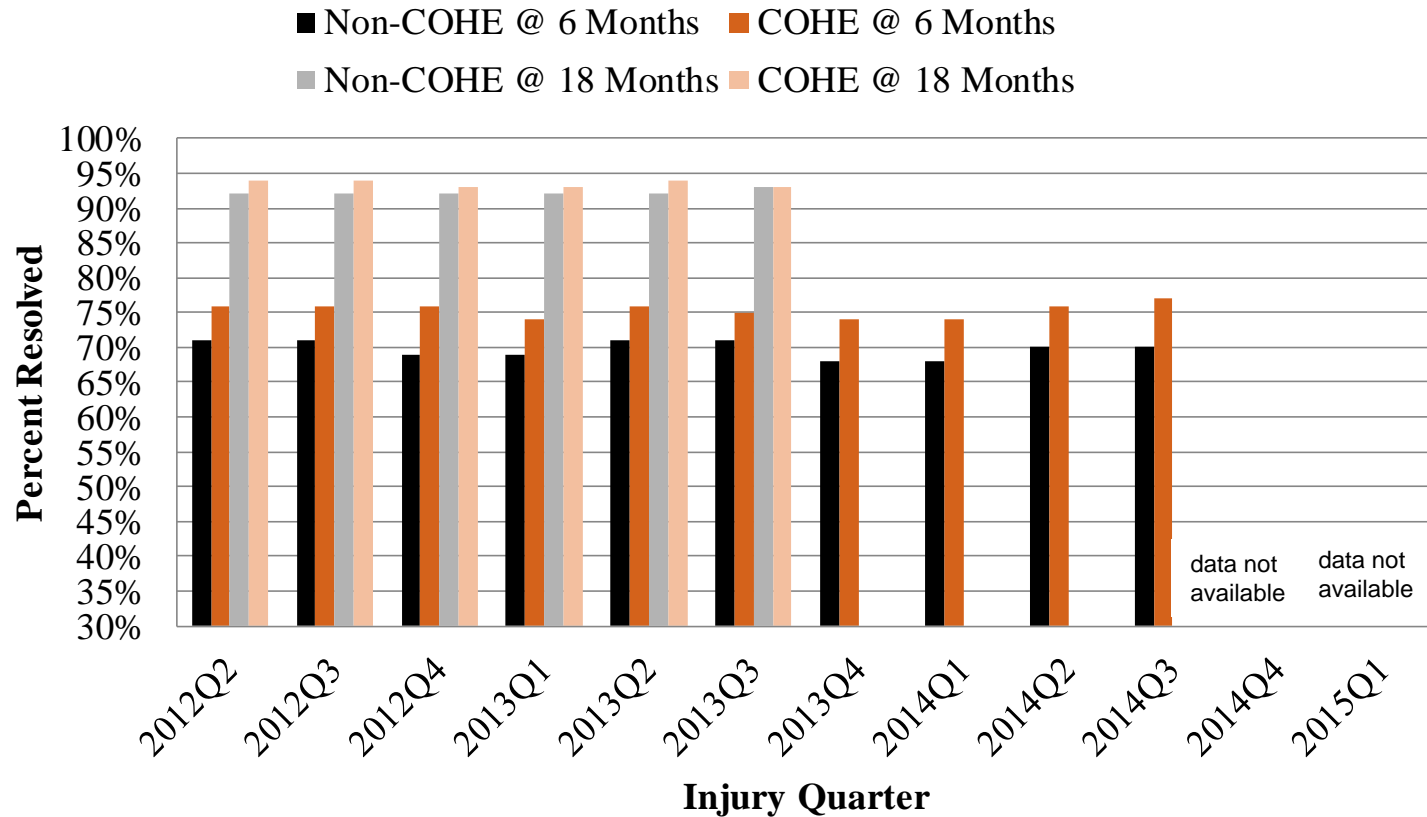
Notes:

- For this analysis, a COHE claim is one initiated by a COHE provider.
- All COHEs began new contracts in July 2013. There are now six COHEs, when previously there were four. Therefore data from this report is not directly comparable to previous reports.



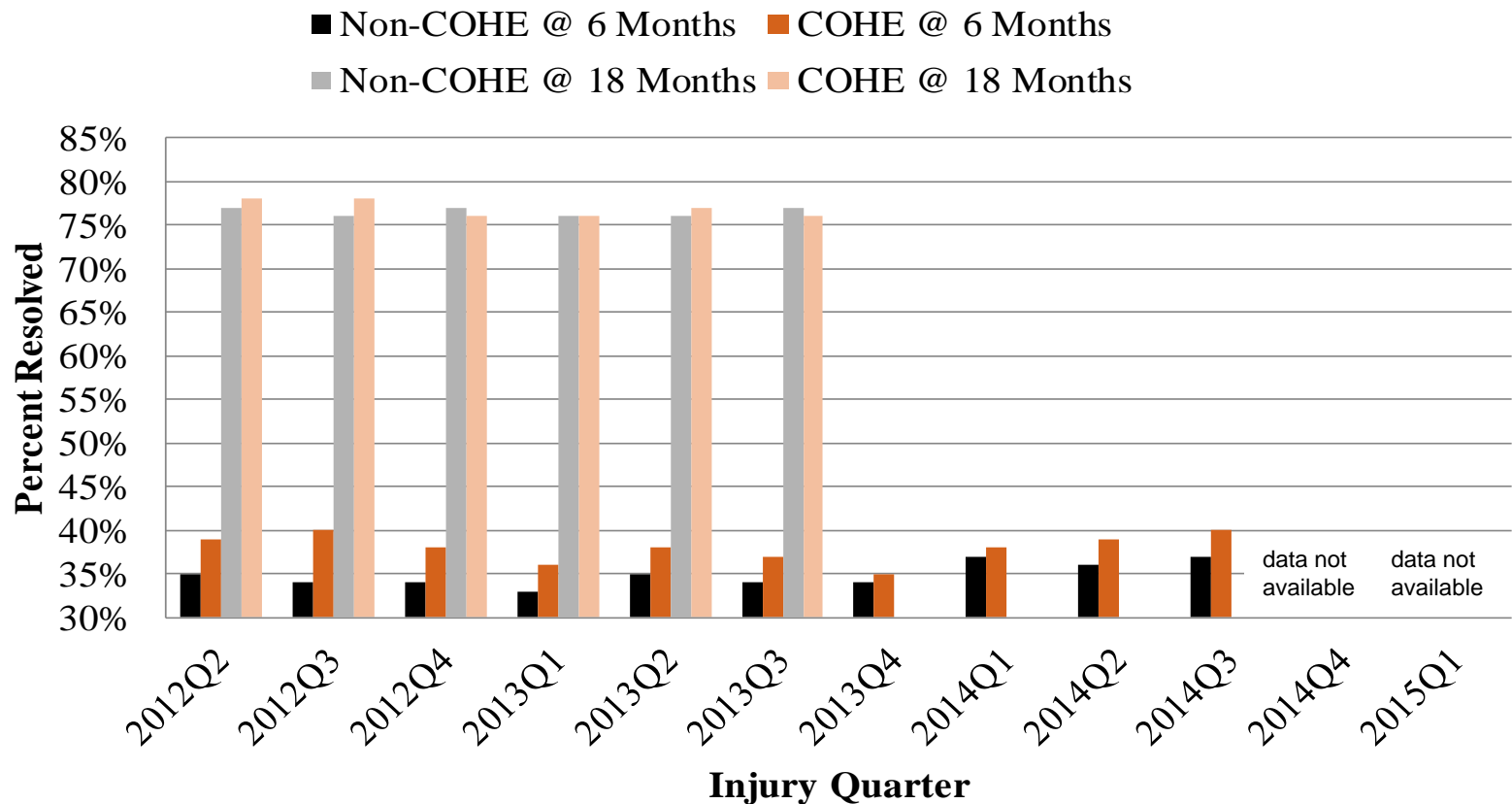
Resolution: All Claims

Percent Resolved at 6 and 18 Months



Resolution: Time-loss Claims

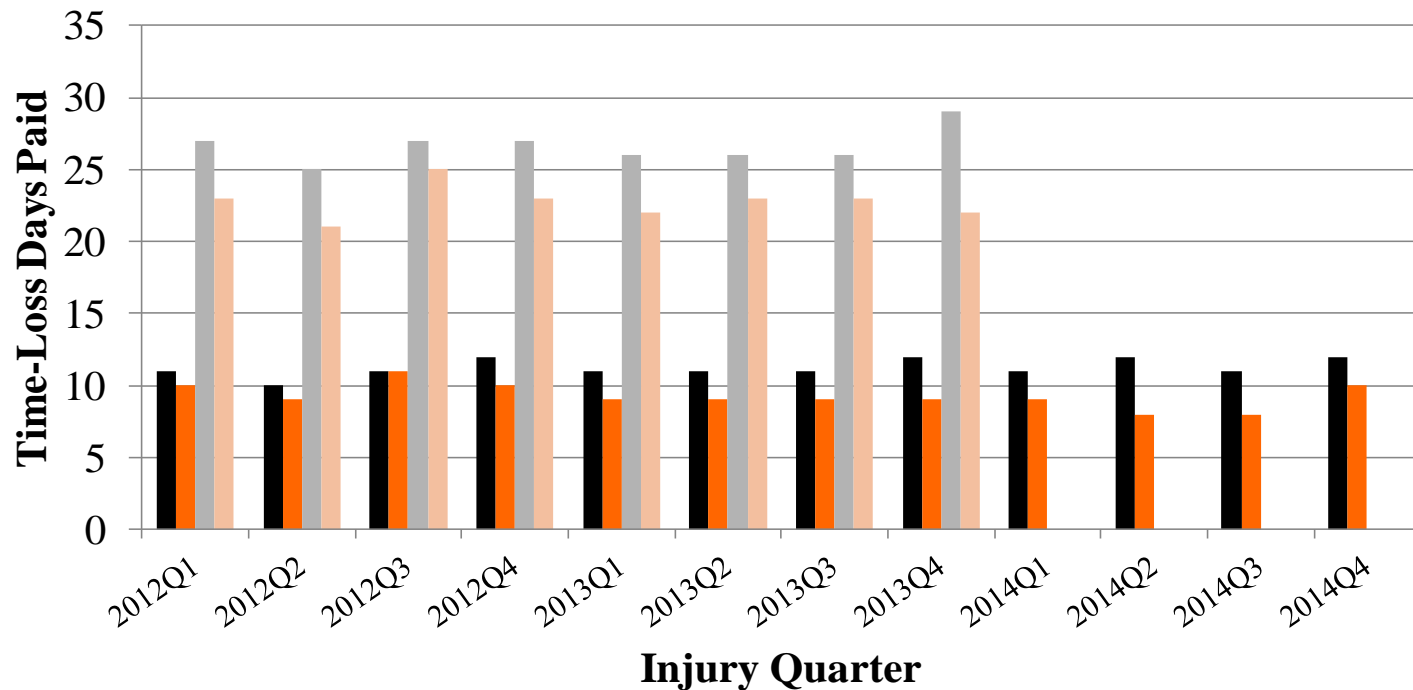
Percent Resolved at 6 and 18 Months



Time-loss Days Paid

All Claims, Average at 6 and 18 Months

- Non-COHE Avg Tl days @ 6 mo per claim
- COHE Avg Tl days @ 6 mo per claim
- Non-COHE Avg Tl days @ 18 mo per clm
- COHE Avg Tl days @ 18 mo per clm



Note: The time-loss days paid measure requires one additional quarters lag than the resolution measure.

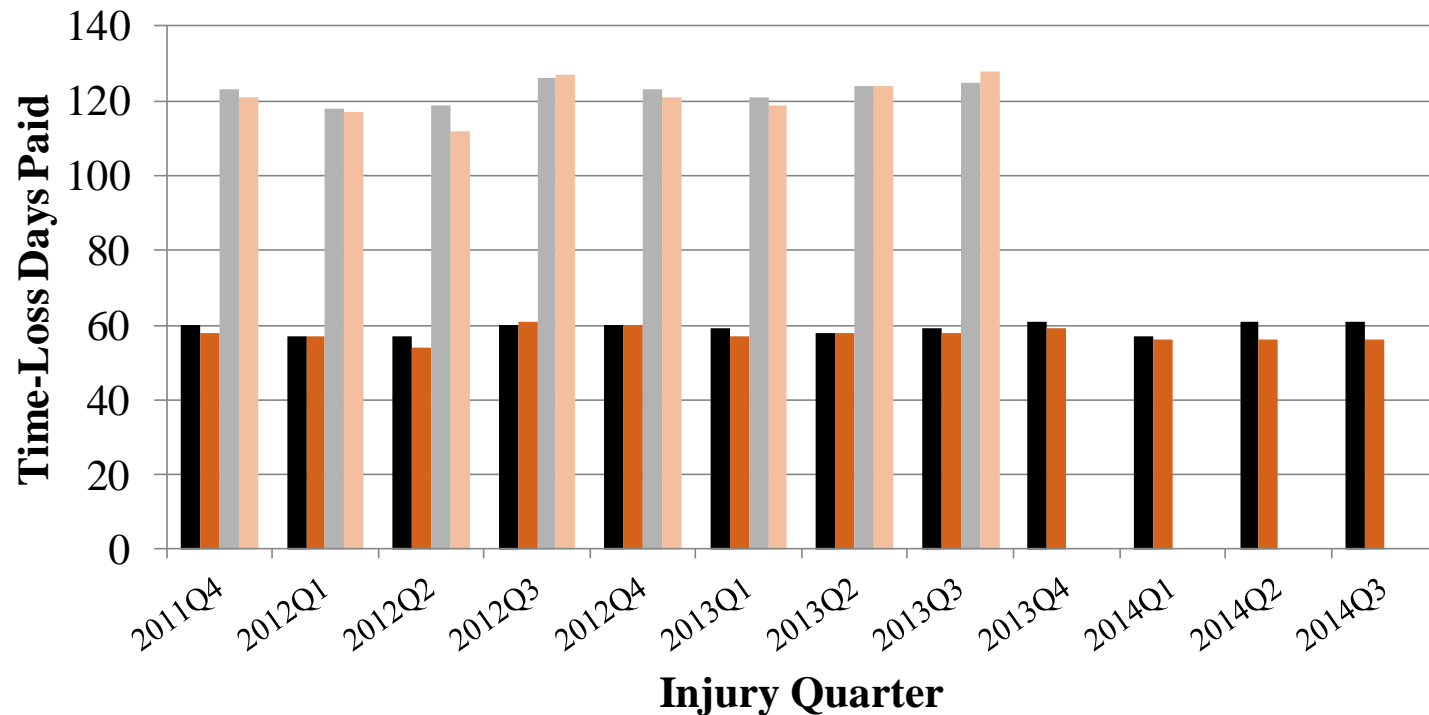


Washington State Department of
Labor & Industries

Time-loss Days Paid

Time-loss Claims, Average at 6 and 18 Months

■ Non-COHE Avg TL days @ 6 mo per TL clm ■ COHE Avg TL days @ 6 mo per TL clm
 ■ Non-COHE Avg Tl days @ 18 mo per TL clm ■ COHE Avg Tl days @ 18 mo per TL clm

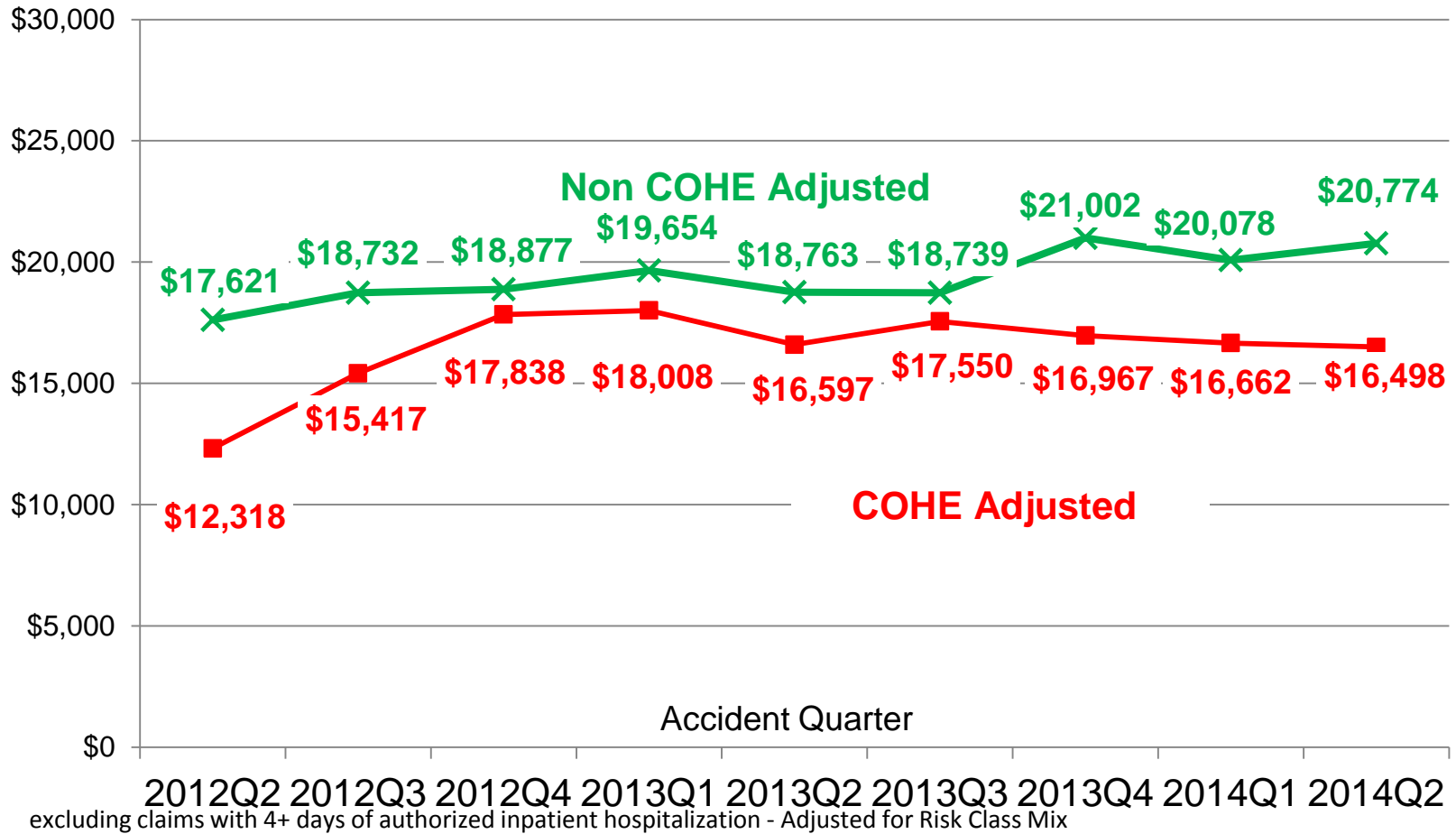


Note: The time-loss days paid measure requires one additional quarters lag than the resolution measure.



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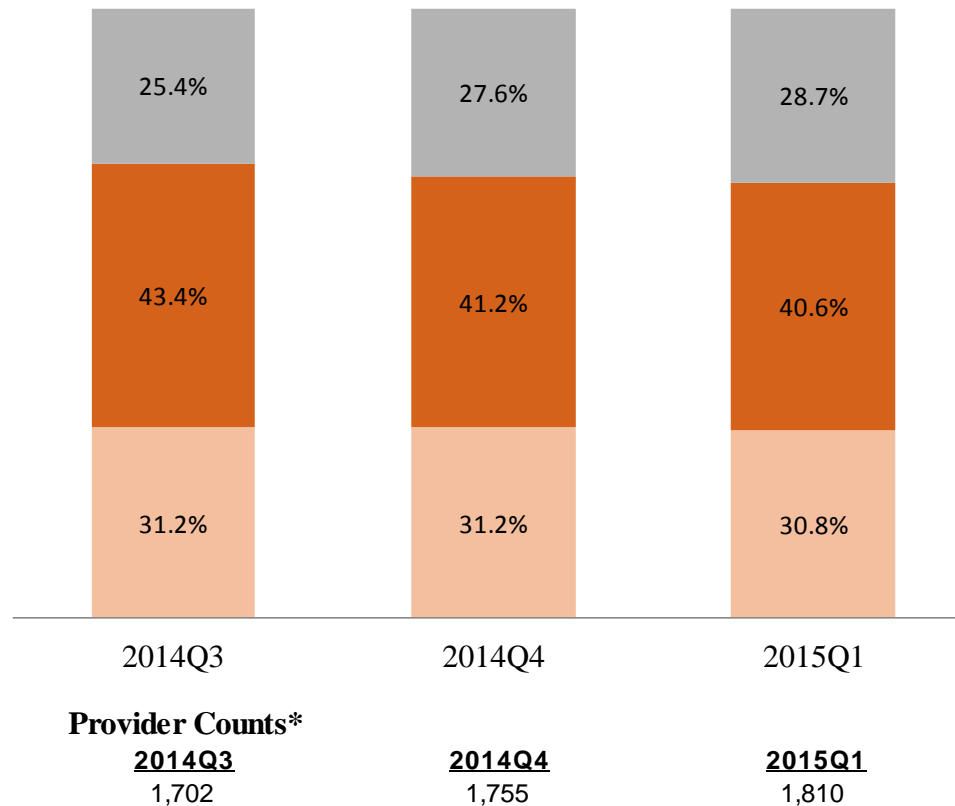
Estimated Ultimate Accident Fund and Medical Aid fund Incurred Cost per Claim as of 3/31/15



Provider Adoption of COHE Practices

(Among Providers Treating in the Quarter)

■ Low Adopter ■ Medium Adopter ■ High Adopter



* Provider adoption is measured for each provider clinic combination

Methods:

☐ Resolution - Percent of Time-loss Claims at 6 and 18 months that are resolved.

- Method: Use the LDS paid-to-date table to identify claims for injury quarters limit to eval ages= 6(18) months. The percent resolved =

$$\frac{N \text{ closed at 6(18) months}}{N \text{ closed} + N \text{ not closed at 6(18) months}}$$

The time-loss group is currently defined using actuarial status codes 1-Fatal, 2-TPD 3-PPD, 4-TL, 5-Miscellaneous, 8-KOS. The *All Claims* group is identified using actuarial status codes 1 - 8. **Important note:** These resolution rates are not directly comparable with claims operational data.

☐ Time-loss - Average days paid at 6 and 18 months COHE vs. Non-COHE

- Method: Divide groups into COHE/Non-COHE based on whether the initiating provider is a COHE provider. Sum the number of days paid on each claim at 6 and 18 months (used 180 and 540 days). LEP days are included in the count of time-loss days.

- The average time-loss per claim was calculated as:

$$\frac{\text{Total days paid at 6 (or 18) months}}{\text{Number of claims in the injury quarter}}$$

- The average days paid per-time-loss claim was calculated as:

$$\frac{\text{Total days paid at 6 (or 18) months}}{\text{Number of claims in the injury qtr with time - loss paid at 6(or 18) months}}$$

☐ Provider Adoption of COHE Practices

- Method: Aggregate data reported and documented in the COHE level reports. Providers are counted in each distinct COHE/Provider Group/Comparison Group/Provider Name combination that they practice in.

Best Practices:

Complete ROA in 2 business days or less; Activity Prescription Form at first visit & when restrictions change; Contacting an employer when worker has restrictions; and Completing a Barriers to Return to Work Assessment when barriers exist.